

<p align="center">Specialized Training Request Application Please Fax completed form to Attn: ETRDU 313-456-4427</p>
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Organization Name:

Organization Contact:

Contact Email:

Contact Phone: **Fax:**

Training Information

Preferred Dates

Day 1 (mm/dd/yyyy):

Time of Day:

Day 2 (mm/dd/yyyy):

Time of Day:

Target audience:

Projected attendance:

- ☐ *Speaking Engagement* Desired Topic:
- ☐ *Training* Desired Topic:
- ☐ *Resource Development (Consult with staff to develop your agency's training materials, educational resources, teaching and presentation skills)*
- ☐ *Technical Assistance (Consult with staff to improve or create education and training related efforts in your agency)*

Provide a brief description of your request?